



Corporate Headquarters: 7700 Second Avenue, Detroit, MI 48202 313.202.8500

Health, Wellness and Quality of Life

September 27, 2005

Ms. Elizabeth Darling
Public Health Analyst
Health Resources and Services Administration
Bureau of Primary Health Care
Division of Health Center Development
PARKLAWN BUILDING
5600 Fishers Lane
Mail Stop 17-61
Rockville, MD 20857

Re: Letter of Interest for Designation as a Federally Qualified Health Center Look-Alike

Dear Ms. Darling:

The Wellness Plan (TWP), 7700 Second Avenue, Detroit, Michigan 48202 is submitting this Letter of Interest in accordance with PIN 2003-21.

ORGANIZATION AND SITES

TWP intends to submit an application to the Bureau of Primary Health Care (BPHC) to request that its organization and the following sites receive FQHC Look-Alike designation. TWP currently operates preventive and primary medical care programs at the following sites:

Gateway Medical Center
2888 W. Grand Boulevard
Detroit, Michigan 48202

East Medical Center
4909 East Outer Drive
Detroit, Michigan 48234

Northwest Medical Center
21040 Greenfield Road
Oak Park, Michigan 48237

Additionally, TWP owns a primary medical care delivery site, the Bonner Medical Center, located at 10101 Fenkell Road within the Northwest Target Area, a Medically Underserved Area (MUA) and zip code 48238. This center could operate as a preventive and primary medical care facility upon approval of its FQHC Look-Alike application.

Health Centers Detroit Foundation, Inc. recently received its designation as a FQHC Look-Alike at the Northwest Medical Center. Health Centers Detroit Foundation, Inc. is presently a tenant at the Northwest Medical Center, a TWP facility. By mutual consent, there is a provision in the lease agreement, which causes the lease to terminate automatically upon Health Centers Detroit Foundation, Inc.'s award as a FQHC designation. The Wellness Plan has notified Health Centers Detroit Foundation, Inc. on September 21, 2005 of its intent to exercise the lease provision with termination date effective November 17, 2005.

GATEWAY MEDICAL CENTER
2888 West Grand Blvd.
Detroit, MI 48202 / 313.875.4200

NORTHWEST MEDICAL CENTER
21040 Greenfield
Oak Park, MI 48237 / 248.967.6500

EAST MEDICAL CENTER
4909 East Outer Drive
Detroit, MI 48234 / 313.366.2000

TARGET POPULATION AND AREA

The Wellness Plan has been serving the population of Detroit for over 35 years. TWP's Health Centers are located in areas of the city that are among the most severely economically distressed and medically indigent in all southeast Michigan. TWP is targeting three separate areas comprised of census tracts that are MUAs and/or Health Profession Shortage Areas (HPSAs). Each medical center has a Targeted MUA and a rational Service Area comprised of the Target Area census tracts plus additional census tracts. See the following table:

Medical Centers	MUA	Zip Codes	Census Tracts: Target Areas	Census Tracts: Service Areas
Northwest Medical Center	Mackenzie-Brooks	48221 48227 48235 48238	5341-2, 5363-8, 5370-2 5377-8	5361-2, 5369, 5375-6 5385-97, 5401-4, 5421-2
East Medical Center	Airport-Conner-NE Detroit	48205 48212 48213 48234	5033-7, 5046-50, 5052-3, 5064-7, 5068-70, 5102-3, 5106-9, 5524	5031-2, 5051, 5061-3
Gateway Medical Center	Wayne	48202 48206	5115-7, 5181, 5201 5223-4, 5312, 5319 5323-4, 5325-7, 5331 5380, 5533, 5536, 5538	5112, 5311, 5313-5, 5318 5322, 5332-3

All of the Mackenzie Brooks MUA census tracts, except one, are primary medical care, mental health and dental HPSAs. There are 46,001 persons in the Target Area and 141,700 in the Service Area.

Nearly all of the Airport-Conner-Northeast Detroit MUA census tracts are primary medical care and dental HPSAs, while many are also mental health HPSA. There are 84,797 persons reside in the Target Area and 106,500 in the Service Area.

The northern tier of five census tracts in the Wayne MUA are primary medical care HPSAs and most of the census tracts are also dental HPSAs. There are 39,538 persons that reside in the Target Area and 64,500 persons in the Service Area. TWP's recognizes the natural boundaries established by major traffic routes, by neighborhoods and sub-communities for each of three Service Areas and the Target Areas

ISSUES CREATING A HIGH NEED FOR PRIMARY HEALTH SERVICES

The City of Detroit's economic conditions have dramatically affected the population: 59% of Detroit's population has an income below the 200% poverty level as compared to 26% of Michigan's population. High poverty rates have had a profound impact on the health care system for Detroiters according to the Detroit Wayne County Health Authority (DWCHA). Research has shown that:

- Income relates to health status: the lower the income, the higher the incidence and severity of illness, injury or death.
- Low-income persons are more likely to be uninsured or rely on public sources of financing.
- Rates of high unemployment and self-employment increase the strain on health care.

According to DWCHA the citizens of Detroit are in need of improved access to primary medical care and preventive health services because of the erosion of Detroit's health care infrastructure:

- Since 1998, twenty primary care clinics have closed
- Since 1997, four hospitals have closed, eliminating 1220 beds and 4468 jobs
- Two thirds of primary care physicians who practiced in the city five years ago have left
- The city has had an inability to attract funding for Federally Qualified Health Centers, with only three Community Health Centers currently in operation
- Lack of a coordinated plan to care for the Medicaid and uninsured populations
- 59% of Detroit's population resides in federally-designated MUA/Ps, as compare to 33% of state residents
- Only 35% of Detroit residents have commercial insurance compared to more than 62.5% of state residents; and more than 21% of Detroit residents are uninsured.

Additionally, an increased prevalence of homeless persons in the three Service Areas presents added barriers to the provision of primary health care services:

MUAs	Medical Centers	Estimated Homeless
Mackenzie-Brooks	Northwest Medical Center	1189
Airport-Conner-NE Detroit	East Medical Center	2987
Wayne	Gateway Medical Center	2954

The Wellness Plan further service sub-communities within Detroit characterized by the following:

- Median household income in the City of Detroit (\$26,157) is more than 40% below the U.S. and State median income level.
- Medicaid recipients which are over 52% of Detroit residents compared to a 22% state rate.
- School-age children between 63% and 79% of are receiving subsidized lunches.
- City residents 25 years and older are twice as likely to only have completed the 9th grade or left high school without a diploma than state residents.
- Lack of adequate, dependable public transportation (bus) services in the City, exacerbated by a planned reduction in operations due to the City's fiscal crisis. A possible merger with the regional transit authority furthers the reduction of public transportation services.

The unemployment rate for the state of Michigan was 7.5% in February 2005, which is significantly higher than the national average of 5.4%. However, the economic situation within the City of Detroit is even more serious, with an unemployment rate of 14.6% in January 2005, nearly three times higher than the national average and double the state's unemployment rate (*The Detroit News, March 24, 2005*). These economic factors affect the health status of the population and strain the health care system.

The population within the Service Areas is overwhelmingly non-White:

Black or African American	92.0%
Bi-racial	1.8%
Latino	0.7%
White	4.5%
Other	1.0%

The Airport-Conner Northeast Detroit Service Area also reports 7.4% of the population as Eastern European.

LACK OF HEALTH CARE RESOURCES

According to 2002 statistics by the Michigan Department of Community Health, the need for primary health care services in The Wellness Plan's Target Areas is evident by the **high death rates for the City of Detroit that surpass the State of Michigan rates by 38% overall, and especially heart disease, cancer and all other causes.** See the following table.

AGE ADJUSTED DEATH RATES PER 100,000

Major Leading Causes	Detroit	State	Variance: Detroit over/ (under) State rate
Heart Disease	384.0	252.4	52%
Cancer	226.4	192.0	18%
Stroke	58.7	52.9	11%
Chronic Lower Respiratory Disease	29.0	43.8	(34%)
Unintentional injuries	38.4	32.3	19%
Diabetes Mellitus	27.6	25.8	7%
Alzheimer's Disease	11.3	20.6	(45%)
Pneumonia/Influenza	20.8	18.9	10%
Kidney Disease	28.8	16.3	77%
Suicide	6.8	10.0	(32%)
All Other	292.5	181.4	61%
Total	1124.3	846.4	38%

Health status statistics from the Michigan Department of Community Health show that the **rates of preventable hospitalizations in Detroit are nearly double the average rates for the state of Michigan,** and illustrate the lack of effective ambulatory care to manage certain acute episodes of illness or chronic diseases or conditions, specifically:

Estimates: Preventable Hospitalizations 2002	Detroit Rate per 10,000 persons	Michigan Rate per 10,000 persons	Variance: Detroit over state rate
Congestive Heart Failure	74.2	40.2	184%
Bacterial Pneumonia	50.7	37.9	134%
Chronic Lower Respiratory Disease	47.0	21.1	222%
Asthma	28.6	14.5	197%
Kidney/Urinary Infection	24.7	13.5	182%
Dehydration	19.4	12.6	154%
Diabetes Mellitus	19.1	11.8	162%
Cellulites	17.8	11.2	159%
Convulsions	15.5	7.2	215%
Angina	6.6	5.0	132%
Others	124.8	4.1	168%
Total	428.4	179.1	172%

The Michigan Department of Community Health in 2002 also reported other data that characterize the dismal health status of City of Detroit and TWP Service Area residents: **Maternal and Child Health statistics are no less than catastrophic, while adult risk factors indicate that half-again as many Detroiters are in poor health and two-thirds more of them are uninsured** compared to residents of the state. See chart that follows.

HEALTH STATUS INDICATORS

Maternal & Child Health Indicators	Detroit Rate	Michigan Rate	Variance: Detroit over State Rate
Infant Mortality	16.7	8.1	106%
Teen Pregnancy	17.1	9.6	78%
Low Birth Weight	13.0	8.0	63%
Very Low Birth Weight	3.0	1.6	88%
Inadequate Prenatal Care	40.0	21.6	85%
Adult Health Risk Factors			
High Blood Pressure	32.5	26.8	21%
Diabetes	10.9	7.9	38%
Obesity	69.6	62.0	12%
Smoking	29.1	25.8	13%
Poor Health	22.0	15.1	46%
No Health Insurance	21.0	12.7	65%

MDCH recorded 2002 STD rates that add justification to the need to invest in additional primary and preventive medical care resources. The **STD rates** (Chlamydia, Gonorrhea and Syphilis) are any where from **250% to 600% greater** than the same rates in the State of Michigan. According to the Detroit Health Department, the City accounts for 53% of all gonorrhea and 38% of all Chlamydia cases in the State of Michigan. The CDC has identified Detroit, which accounts for 83% of all syphilis cases in Michigan, as a **High Morbidity Area**.

MDCH estimates that the **prevalence of HIV** in the City of Detroit is **seven times greater** than the Michigan rate, and the number of Detroit residents living with AIDS is approximately **seven times** the state rate (excluding the Detroit rates).

In 2002, the **incidence of all cancers** among Detroiters exceeded the state rate by more than seventeen percent (17%) and while the incidence of breast cancer was only 2% higher in the City of Detroit, the **incidence rates of colorectal, lung and prostate cancer were 37%, 31% and 56% higher** than comparable state rates, respectively. **Overall, the incidence is 20% higher.**

The Detroit Health Department reported **life expectancy** for a **male** resident of Detroit is 64.6 years in 2000 in comparison to an average of 74.6 years for a male in the State of Michigan, or **more than 13% lower** than the state rate. The **female life expectancy** of 72.3 years is almost **9% lower** than the state rate of 79.3 years. Michigan Department of Community Health 2001 data indicated that Detroit had an **Excess Mortality rate that was 24% higher** than the state—the rate for 15-59 year olds is **more than twice as high** as the State of Michigan.

In summary, according to the DWCHA, the health status of Detroit residents is worse on nearly every measure than the health status of Michigan residents. The residents' health status of Detroit is significantly worse in comparison to the residents of surrounding communities in Wayne, Oakland and Macomb Counties.

HURRICANE KATRINA RESPONSE RELIEF EFFORTS

The Wellness Plan Medical Centers are volunteering their services to provide primary care services to adults and children who are evacuees of Hurricane Katrina. Services will be provided to users following an initial screening by the Department of Health for the City of Detroit. TWP medical centers are on the master list developed by the emergency response team.

The mission of the Region 2 South Medical Bio-Defense Network (R2S) is to augment existing resources, regional and community surveillance, emergency management systems and hospital preparedness by developing plans that will facilitate a coordinated health care response to disasters throughout the region (Wayne, Monroe and Washtenaw counties). The TWP's Community Health Nurse is the primary contact person for referrals from the coordinating agencies.

LEVEL OF NEED

The major health status issues confronting the population of **Detroit** are categorized by **Life Cycle Problems as reported by the DHHS National Center for Health Statistics**:

LIFE CYCLE	MAJOR PROBLEMS
Prenatal	Inadequate prenatal care High low birth weight incidence High infant mortality rates
Pediatric	Low rate of well child care and diagnosis High incidence of asthma
Adolescent	Low participation rate in family planning High incidence of substance abuse Prevalence of asthma Prevalence of violent crime
Adult	High rate of cardiovascular disease High incidence of asthma and diabetes Prevalence of cancer
Geriatric	High incidence of chronic diseases such as arthritis and emphysema
Special Populations: Homeless, HIV/AIDS, Mentally Ill	Prevalence of cardiovascular disease Prevalence of tuberculosis High incidence of HIV/AIDS infection High rate of substance abuse

Within the Areas targeted by TWP, there is a shortage of primary care providers and preventive care services. According to the Detroit Wayne County Health Authority, the **number of primary health care providers in Detroit has declined by 2/3** over the past five years. Most of the **remaining primary care physicians refuse to accept (new) Medicaid recipients or the uninsured**. Currently, there are three Federally-Qualified Health Centers in Detroit. Another provider has been awarded a FQHC Look-Alike status. Enclosed is a map of the locations of the TWP sites, Community Health Centers (CHC) sites with the number of providers and patients served by each location.

Many of the census tracts include three Target Areas, which are part of a Primary Medical Care Health Professional Shortage Area. **Notwithstanding the presence of the current and proposed FQHC sites and providers, the overwhelming level of demand far outstrips the capacity of the current/proposed providers.**

There are 46,000 residents within the Target Area (part of the Mackenzie-Brooks MUA) of the Northwest Medical Center. Currently there is a primary medical care delivery site, Advantage Health Centers. This center is located beyond the southwest corner of the Service and Target Area that has a patient capacity of 7,000. The TWP Northwest Medical Center presently serves 7,100 patients, **46% of whom reside within the Target Areas and 90% patients from the City of Detroit.**

There are 85,000 residents within the Target Area (part of the Airport-Conner Northeast Detroit MUA) of the East Medical Center. Advantage Health Centers recently received Section 330 Health Care for the Homeless funding to operate a New Access Point (projected for early 2006 and to care for 10,000 patients at full operation) at a location proximate to the TWP East Medical Center, which presently serves 9,100 patients **64% of whom reside within the Target Areas.** There are 40,000 residents within the Target Area of the Gateway Medical Center (part of the Wayne MUA). Currently there is a primary medical care delivery site of Community Health and Social Services located within the Service and Target Area that have a patient capacity of 2,200, while the TWP Gateway Medical Center presently serves 13,500 patients, over 50% of who reside within the Target Areas.

A large number of census tracts within the City of Detroit that adjoin the three Target Areas are Primary Medical Care HPSAs. In addition, it asserts that a Low-Income Population HPSAs could secure nearly every remaining census tract not currently designated due to the levels of poverty, unemployment and uninsured. DWCHA research has identified 280,000 persons in the City of Detroit and Wayne County that are uninsured. Another 390,000 persons are Medicaid recipients. The vast majority of these persons are Detroiters.

DWCHA also reports that the limited availability of primary care physicians (within the Target and Service Areas) results in increased dependence on emergency room visits for primary care services. Inappropriate use of hospital emergency rooms for non-acute care is no less than a health system crisis. In 2001 MDCH reported hospitals serving the Wayne MUA Service Area; admitted 15% hospitals serving the Mackenzie-Brooks MUA Service Area; admitted 20%, and hospitals serving the Airport-Conner-NE Detroit MUA Service Area; admitted 21% of emergency patients. In total **over 80% of 570,000 emergency visits were for non-life threatening** (and arguably the vast majority of which were primary care) **conditions.**

There is a significant need for dental services in the Target and Service Areas. A Report issued in 2000 by the Surgeon General entitled, **“Oral Health in America”** stated that “baseline data for the Healthy People 2010 objectives established that for children aged 2 to 4 years, 24.0% of non-Hispanic Blacks have experienced dental cavities in their primary teeth compared to only 15.0% for their non-Hispanic White counterparts.” For 15 year olds, the percentage (of dental cavities) was also higher for Blacks. For people of all ages, the rate of untreated caries among Blacks was about twice as high. Black Americans have higher rates of non-utilization of dental health services than Whites do. “African-American males have the highest incidence of oral cavities and pharyngeal cancers in the United States . . .” Almost everyone of the census tracts in the three Target Areas are Dental HPSAs.

It is a well-established fact in epidemiology that poverty, lack of education, poor physical health status indicators, and African American ancestry are highly correlated with the incidence and prevalence of mental illness and substance abuse. It is also noted that most of the census tracts in the three Target Areas are Mental Health HPSAs.

The uninsured residents of the Service Areas have no options for securing Clinical Pharmacy services. Cultural beliefs and lack of education about health and well-being, poverty and inadequate public transportation create access barriers to clinical pharmacy services.

HISTORY AND MISSION OF THE WELLNESS PLAN

The origins of The Wellness Plan began in 1969 when officials of the City of Detroit Model Neighborhood Agency, along with assistance of health planners from Wayne State University, organized Model Neighborhood Comprehensive Health Program, Inc. (MNCHP, a Michigan non-profit charitable corporation). MNCHP then entered into a contract with the City of Detroit to provide comprehensive health care services to 10,000 men, women and children. In November 1971, MNCHP developed the first HMO-type contract with the Michigan Department of Social Services to provide prepaid healthcare to Medicaid recipients in its service area.

In November 1972, MNCHP organized Comprehensive Health Services of Detroit (CHSD), a nonprofit Michigan healthcare corporation. MNCHP's contract with the Michigan Department of Social Services was assigned to CHSD to provide prepaid healthcare services to Medicaid recipients both inside and outside of the model neighborhood boundaries.

CHSD, which changed its corporate title to Comprehensive Health Services, Inc., (CHS) and The Wellness Plan (TWP), eventually constructed four health centers. In 1985, The Wellness Plan created a new corporate division, the independent practice association.

The independent practice association contracted with independent practitioners to provide healthcare services to its members. Accordingly, Wellness Plan members had the option of receiving healthcare services at The Wellness Plan's clinics or from independent private practitioners.

The Wellness Plan grew from simple beginnings to a mixed model managed care organization with membership exceeding 150,000 members, assets of \$177 million and annualized revenues of \$278 million dollars. The Wellness Plan became one of the nation's leading prepaid programs in membership size, financial health and quality of services delivered to a public sector market. The company understood what managed care was all about: comprehensive patient care, leading-edge technology, dramatic new efficiencies, reliable information systems and education. The foregoing was all designed to improve the quality of life of every member, young or old.

The Wellness Plan decided to expand its operations, as its experience in providing good quality, accessible healthcare grew. Starting in the City of Detroit, the company continued to expand its operations throughout Wayne County and southeast Michigan. Based upon its success in the greater Detroit area, the company expanded its operations to include Monroe, Flint, Saginaw, Muskegon and the greater Lansing area of Michigan.

It should be noted that The Wellness Plan also provided services to commercial members. The Wellness Plan entered into contracts to make its services available to diverse commercial groups, including the State of Michigan, the federal government, the City of Detroit, Detroit Public Schools and numerous small business entities.

The Wellness Plan achieved recognition as an outstanding healthcare provider as evidenced by it being awarded NCQA certification. In addition, TWP has established a goal to secure JCAHO accreditation at the earliest practical opportunity. The Wellness Plan has always been a Michigan not-for-profit corporation, as an initial exemption from federal taxation pursuant to Section 501(c) (4). Later, the Internal Revenue Service agreed to provide The Wellness Plan with an exemption from federal taxation pursuant to Section 501(c)(3) of the Internal Revenue Code and the corporation is still exempt under Section 501(c)(3) today. Further, The Wellness Plan still owns four healthcare centers, three of which are in operation today.

Unfortunately, The Wellness Plan was placed in Rehabilitation in July 1, 2003 by the OFIS. TWP will remain in that status until all managed care claims have been adjudicated. TWP no longer operates as a managed care organization. The State Insurance Commissioner (the Rehabilitator) authorizes TWP to seek FQHC certification. Pursuant to the authorization, TWP has revised its Bylaws and Articles of Incorporation to be consistent with the Governance requirements within the Community Health Center Program Expectations. The Rehabilitator recently appointed the eleven (11) initial members of the Board of Directors, including six (6) active TWP patients and five (5) other individuals from the community. At its first meeting, the Board will approve revised Articles and Bylaws, appoint a (interim) CEO and approve policies and other actions as required by law and regulation.

CURRENT OPERATIONAL CAPACITY

TWP currently has a patient census of 29,731 at its three medical centers, handled by 12.5 primary care providers. The patient census by medical center is as follows:

Gateway Medical Center:	13,498
East Medical Center:	9,144
Northwest Medical Center:	7,089

The following are the current complement of primary care providers:

5.0	Pediatricians	1.0	Family Practitioner
5.0	Internal Medicine physicians	1.0	General Practitioner
0.5	Chief Medical Officer (patient care equivalent)	1.0	Obstetrician/Gynecologist (contracted via Detroit Community Health Connection)

Based on current patient census and physician provider staffing, the patient panel is 2,200 per clinical FTE provider. TWP plans to maintain an adequate number of FTE primary care providers to maintain a patient panel size not to exceed 2,500.

TWP Medical Centers offer a full array of preventive and primary medical care services. These services span the entirety of the life cycle, including the prenatal, pediatric, adolescent, adult, and geriatric. As a partner in the healthcare provider community, the Medical Centers will offer:

- Primary medical care, including well childcare
- Pre and postnatal care services through a contract with the Detroit Community Health Connection, a Section 330-funded community health center
- Family planning
- Walk-in service, urgent and after hours care
- Access to specialists and other providers including hospitals
- Mental health services through a referral arrangement with Detroit Wayne County Community Mental Health Agency (severely impaired) and its partner, Behavioral Health Professionals, Inc. (BHPI), (less severely impaired).
- Substance abuse treatment services through a referral agreement with the City of Detroit Department of Health, Bureau of Substance Abuse Services
- Dental services through a referral arrangement with Community Health and Social Services, Advantage Health Centers and Detroit Community Health Connection—each a Section 330-funded community health center
- Preventive care, including cancer (breast, cervical, colon and prostate) screening, diabetes, vision and hearing screening
- Case (social work) and care management
- Quality Assessment and Improvement Program
- Health Education

- Nutrition counseling and WIC
- Child and adult immunizations
- Transportation and translation services
- Outreach programs and services into the community
- A link with the other community and faith-based human service organizations

Additionally, the medical centers currently provide the following services:

- Diagnostic radiology services: each medical center is equipped to provide basic radiology services. At this time, TWP is seeking a business partner to operate and provide these services.
- Diagnostic laboratory services: basic CLIA-waived laboratory tests. In addition, TWP is seeking a business partner to provide other required laboratory services.
- Pharmacy: a “clinic” pharmacy is located at all three (3) health centers.
- Optometry: provide services at two medical centers.

TWP Medical Centers have the facility potential to handle twenty (20) FTE primary care medical providers, as well as accommodating additional specialty and other medical (e.g., podiatry) and health care (e.g., cardiology) services. TWP is currently negotiating with prospective business partners to offer these types of supplemental health services at each medical center site.

The Wellness Plan as a FQHC-Look-Alike will provide expanded access to preventive and primary medical care services in medically underserved areas within the City of Detroit. It will allow TWP to hire up to an additional six (6) primary care providers, maintain patient panel size at no more than 2,500, and increase the total patient population to 45,000 (an increase of 15,000). It is anticipated that TWP medical centers will serve over 80,000 patient visits annually. FQHC Look-Alike designation will create capacity to provide an additional 45,000 visits.

The overall goal for achieving FQHC Look-Alike status is to continue to provide culturally sensitive and appropriate primary medical care, preventive health services, supportive and ancillary services to the patient population already served and whose numbers can expand by virtue of the designation.

The mission of The Wellness Plan is the delivery of primary care and human services to the residents of the underserved neighborhoods in the City of Detroit. Critical to its success in this endeavor is its approach to forging partnerships with community-based organizations committed to the same purpose. TWP is currently in negotiations with the three existing Community Health Centers to develop clinical service collaborations and minimize costly service duplications. Other areas of administrative collaborations that will be explored include human resource management, pharmacy management, information services and purchasing.

Should you or other BPHC officials have any questions or concerns regarding The Wellness Plan’s interest in filing for FQHC Look-Alike designation, please contact Richard Tanner, Director of Medical Center Operations at phone number 313.202.6848 or email rtanner@wellplan.com. Thank you for your review and consideration.

Sincerely,



Linda A. Watters, Commissioner of the Office of Financial and Insurance Services
State of Michigan

Enclosure: Map of TWP sites